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CONFIRMATION NO. 7223

SERIAL NUMBER 10/635,081	FILING OR 371(c) DATE 08/06/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. AM100632D1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/114,148 04/02/2002 ABN  
 which claims benefit of 60/281,471 04/04/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/04/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1

**ADDRESS**

25291

**TITLE**

METHODS FOR TREATING HYPERACTIVE GASTROINTESTINAL MOTILITY

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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